

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45596

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: GAINESVILLE CYCLING CLUB, INC.

**Current Principal Place of Business:**

5015 N. W. 19TH PLACE  
GAINESVILLE, FL 326050435

**New Principal Place of Business:**

**Current Mailing Address:**

5015 N. W. 19TH PLACE  
GAINESVILLE, FL 326050435

**New Mailing Address:**

FEI Number: 59-3132423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOCKWELL, ARTHUR M  
916 NW 9TH AVE  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

STOCKWELL, ARTHUR M  
1804 NW 42ND AVE  
GAINESVILLE, FL 32601 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OTIS, CHANDLER  
Address: 2123 NW 4TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603

Title: VP ( ) Delete  
Name: WILT, ROB  
Address: 4524 NW 23RD AVENUE, APT. #E  
City-St-Zip: GAINESVILLE, FL 32606

Title: T ( ) Delete  
Name: LAMBERT, TONIA R  
Address: 15506 NW 118TH AVENUE  
City-St-Zip: ALACHUA, FL 32615

Title: SD ( ) Delete  
Name: PIERCE, ROGER  
Address: 5015 NW 19TH PL  
City-St-Zip: GAINESVILLE, FL 32605

Title: P ( ) Delete  
Name: NEWMAN, ROBERT  
Address: 2530 NW 12TH AVE  
City-St-Zip: TAMPA, FL 33605

Title: SEC ( ) Delete  
Name: STOCKWELL, ARTHUR M TREASUR  
Address: 1839 SW 65TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR M. STOCKWELL

SEC

04/30/2009

Electronic Signature of Signing Officer or Director

Date